

Tribe Enacted Sales Tax Sharing Annual Return

Issued under authority of P.A. 616 of 2002. Filing is voluntary.

Read instructions before completing this form. Please type or print clearly in blue or black ink and **file this return by February 28.**

Tribal Name			Tribal Address (No., Street, P.O. Box or Rural Route)	
City or Town	State	ZIP Code	Account Number	Return Year

1. **Gross Sales and Rentals** 1. .00

ALLOWABLE DEDUCTIONS

2. Sales made to the Tribe, Residential Tribal Members, or Tribal Entities	2.	<input type="text"/> .00
3. Resale	3.	<input type="text"/> .00
4. Industrial processing or agricultural producing	4.	<input type="text"/> .00
5. Interstate commerce	5.	<input type="text"/> .00
6. Exempt services	6.	<input type="text"/> .00
7. Sales tax on which tax was paid to Secretary of State	7.	<input type="text"/> .00
8. Food for human/home consumption	8.	<input type="text"/> .00
9. Michigan motor fuel or diesel fuel tax	9.	<input type="text"/> .00
10. Other: Complete table 1 on back and enter total "other" deductions.	10.	<input type="text"/> .00
11. Tax included in gross sales (line 1)	11.	<input type="text"/> .00
12. Total allowable deductions. Add lines 2 through 11	12.	<input type="text"/> .00
13. Taxable balance. Subtract line 12 from line 1	13.	<input type="text"/> .00

SUMMARY

14. **Complete only if line 13 is less than or equal to \$5,000,000:**
Enter line 13 amount \$ x .02 14. .00

15. **Complete only if line 13 is greater than \$5,000,000:**

a. \$5,000,000 x .02	15a.	<input type="text"/> \$100,000.00
b. (Line 13 amount \$ <input type="text"/> - \$ 5,000,000) x .03	15b.	<input type="text"/> .00
c. Enter sum of lines 15a and 15b.	15c.	<input type="text"/> .00

16. Total Annual Tax Liability (Line 14 or 15c) 16. .00

17. Total tax sharing payments made for return year 17. .00

REFUND OR TAX DUE

18. **Refund.** If line 17 is greater than line 16, subtract line 16 from line 17 and enter overpayment 18. .00

19. **Tax Due.** If line 17 is less than line 16, subtract line 17 from line 16 and enter balance due 19. .00

20. If filing return late, enter applicable interest (See instructions on page 2.) 20. .00

21. **Payment Due.** Add lines 19 and 20. (Send check for this amount payable to the "State of Michigan.") **PAY** 21. .00

TRIBAL REPRESENTATIVE DECLARATION

<i>I declare, under penalty of perjury, that this return is true and complete to the best of my knowledge.</i> I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>I declare, under penalty of perjury, that this return is true and complete to the best of my knowledge.</i>
Tribal Representative's Signature		Preparer's Signature, Address and Phone and ID Number
Tribal Representative's Name Printed or Typed Date		
Tribal Representative's Title		